

"Study Programme/Learning Agreement"

STUDY PROGRAMME / LEARNING AGREEMENT

ACADEMIC YEAR: 20...../20.....

STUDY PERIOD: from to

FIELD OF STUDY:

Name of the Student:

Sending institution: UNIVERSITA' DEGLI STUDI DI PERUGIA **Country:** ITALY

Department:

Student's e-mail address:

DETAILS OF THE PROPOSED STUDY PROGRAMME AT THE RECEIVING INSTITUTION

Receiving institution: Country:

Course unit title/Training activities/Research activities	Number of credits
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RECOGNITION AT THE SENDING INSTITUTION

Course unit title/Training activities/Research activities	Number of credits
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Student's signature _____ Date: _____

“Study Programme/Learning Agreement”

SENDING INSTITUTION

I/We confirm that the proposed study programme/learning agreement is approved.

Cooperation Agreement’s Coordinator*

**Departmental Coordinator for the International
Agreements**

Signature:

Signature:

Date:

Date:

* The signature of the professor responsible for the Agreement is needed only if the Receiving Institution is in the “List of Partners” (Elenco sedi partner).

RECEIVING INSTITUTION

I confirm that the proposed study programme/learning agreement is approved.

The Responsible Person at the Receiving Institution

Stamp and signature:

Date: